

# EXHIBIT K



**ALLEGHENY COUNTY  
BUREAU OF CORRECTIONS  
Jail Healthcare Services**

Medical Housing Classification

Email to #ACI-DTX

CC: # ACI Nursing Directors

Date: 3/29/16

Name: <u>John Orlando</u>	DOC: <u>6433</u>
Medical Order for Special Housing Status: (choose all that apply)	
<input type="checkbox"/> Lower Level <input type="checkbox"/> Lower Bunk <input type="checkbox"/> Handicapped Cell <input type="checkbox"/> Single Cell <input type="checkbox"/> Medical Bed Rest (Single Cell or housed with another inmate on same status. Must Remain in Cell.) <input type="checkbox"/> Cleared from Infirmary to General Population <input type="checkbox"/> Infirmary Housing <input type="checkbox"/> Cleared from Mental Health Housing <input type="checkbox"/> Mental Health Housing <input checked="" type="checkbox"/> Cleared from Detox Housing to General Population <input type="checkbox"/> Other _____	
Duration of order: _____	
Physician/Practitioner: <u>D.W. Stechschulte Jr MD</u>	
Nurse filling out form: <u>Sandra Durso RN</u>	

BS  
3/24